## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # K47294 1. Entity Name 04-12-2004 90323 015 \*\*\*150.00 CURCURU CORP. Principal Place of Business Mailing Address 21391 HARBORSIDE PORT CHARLOTTE FL 33952 21391 HARBORSIDE PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0084194 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAUMAN, TED-2421 SHREVE ST Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ■ Addition NAME CURCURU, SAM N. NAME 21391 HARBORSIDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP S/T TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CURCURU, SHIRLEY NAME STREET ADDRESS 21391 HARBORSIDE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-04